

Complete this form and fax or return to:

Dusyk & Barlow Insurance Brokers LTD 302 University Park Drive, Regina SK, S4V 0Y8

email: sales@dusykbarlow.sk.ca

Dusyk & Barlow Insurance Brokers LTD 4615 Albert Street, Regina SK, S4S 6B6 Fax: 306-525-8540

email: sales@dusykbarlow.sk.ca

	Effective Date	Expiry Date	Policy No.	Broker:	Producer:	
Day	Month Year	Day Month Ye	ar			
Vehicle Type			Quad/ATV	Fnd	orsement	
Name:	5.10.11.10.01.10		Mailing Address	Ella		
City:		Postal Code:	Home Phone	e: Wo	rk Phone:	
E-mail:	ma of Dringinal Operator	Birth Date	Driver's License #	Vaara	rictions Occupation	
INdi	me of Principal Operator	(MM/DD/YYYY)			3 years)	
	Do you hold an ATV Safety Course or Snowmobile Safe Operators Certificate? Yes No ATV Sled Sled What is the Normal Area of Use?					
	What is the Normal Area of Use? Where is the recreational vehicle normally stored and what precautions are taken?					
	List All at fault motor vehicle accidents or claims in the past five (5) years (Date, Amount and Type):					
	Date Amount Description					
_						
5. Pre	evious Insurer:			Policy Number:		
	you participate in racing/s	peed events?			Yes No N	
			pection form attached? If required by		Yes No	
	es any operator suπer from creational vehicle?	i any iliness, medical condit	ion, or mental or physical disability wh	iich might affect the safe oper	Yes No N	
		nal vehicle policy refused, r	estricted or cancelled?		Yes No	
	,		n aftermarket turbo charger or any pe	rformance enhancement equi		
11. Wi	ill any of the venicles listed	below be used for any busin	ness purpose? If so describe: UNITS TO BE INSURED		Yes No	
S	Gled ATV Year	Make & Model		Serial #	License Plate # New/ Used	
1.						
2.						
3.	of modifications (if appli	cable)				
Engine	TOT ITIOUTILE ALIOTIS (II appli	cable)			\$	
Suspension	ı				\$	
Suspension Other						
Suspension Other Lienholder			Province		\$	
Suspension Other Lienholder Address:		ED	Province:		\$	
Suspension Other Lienholder Address: PLEASE CH	Name:			00,000 Third Party Liability L	\$	
Suspension Other Lienholder Address: PLEASE CF \$1,0	Name: HECK COVERAGE REQUIR 000,000 Third Party Liabili	ty Limit \$2,000,000	Third Party Liability Limit \(\) \$20		\$ \$ Postal Code: imit applies for underage Operators	
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